

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6-13-95

2 Serial/Patent # 08/427070

3 Please refund the following fee(s):

4 PAPER NUMBER

5 DATE FILED

6 AMOUNT

☒ Filing

4-24-95

\$ 88.00

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT OF REFUND

\$

8 TO BE REFUNDED BY:

☐ Treasury Check

☒ Credit Deposit A/C #:

9 06--0808

10 REASON:

☒ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Carmenita Robinson

TITLE: Pat. Engr.

SIGNATURE: Carmenita Robn

PHONE: 308-1172

OFFICE: Omaha

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: [Signature]

DATE: 7-10-95

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: